The Regulation and Quality Improvement Authority

Inspection Report

14 December 2021

Abingdon Manor Care Centre

Type of Service: Nursing Home
Address: 949 Crumlin Road, Belfast BT14 8FG
Tel No: 028 9071 7878

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Abingdon Manor Care Centre Ltd **Responsible Individual:** Mr Colin Nimmon	**Registered Manager:** Ms Julie McGlinchey **Date registered:** 23 June 2017
Person in charge at the time of inspection: Ms Julie McGlinchey – Registered Manager	**Number of registered places:** 60 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite. 19 patients in category NH-LD, NH-LD(E) to be accommodated in the Tyrone & Fermanagh Suites 10 patients in category NH-DE to be accommodated in the Armagh Suite. 1 additional named patient in category NH-PH to be temporarily accommodated.
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years DE – Dementia I – Old age not falling within any other category TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 57
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided in six suites over two floors. The Tyrone and Fermanagh suites on the ground floor provide care for people with learning disabilities and the Londonderry suite which is also situated on the ground floor provide care for people with physical disabilities. The Antrim and Down suites on the first floor provide general nursing care and the Armagh suite which is also on the first floor provide care for people with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2021 from 9.20 am to 5.20 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surrounds.

RQIA were assured that the delivery of care and service provided in Abingdon Manor Care Centre was provided in a compassionate manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Abingdon Manor Care Centre. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

4.0 What people told us about the service

Thirteen patients, 14 staff and one visiting professional were spoken with. One questionnaire was returned with the relative indicating they were happy with the care provided in the home. No feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Abingdon Manor Care Centre was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 February 2021		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that patient care records accurately reflect the needs of any patient. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Most staff were provided with a comprehensive induction programme to prepare them for providing care to patients.

Examination of induction records confirmed that not all agency staff were provided with a comprehensive induction programme to help prepare them for providing care to patients. An area for improvement was identified.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of staff training records confirmed that all staff were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. An isolated issue regarding the practice of one staff member was discussed with the manager who agreed to follow up with the staff member concerned. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; accurate records were maintained.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were taken by staff following falls. Discussion with staff and review of records highlighted a lack of awareness in relation to best practice guidance concerning post fall monitoring. This was discussed with the manager and assurances were provided that additional training and clinical supervision would be arranged for the two staff concerned.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound assessments and evaluations had been completed after their wounds were dressed, although some gaps in recording were noted. There was evidence that registered nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) regarding management of the wounds although the patient's care plans had not been consistently updated to reflect the TVN's recommendations or reflect the change in their treatment. In addition, the daily progress notes did not consistently evaluate the condition of the wound. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of a selection of patients' records and discussion with staff confirmed that the correct procedures were consistently followed if restrictive equipment was used. The manager confirmed an updated restraint audit had been recently developed and they hoped to start using it from January 2022.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff.

Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner and maintained written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

The management of choking risk was reviewed. Records reviewed confirmed that although patients had an appropriate care plan in place, an appropriate risk assessment had not been completed. An area for improvement as identified.

Review of patient's records evidenced that these were generally well maintained; however, some deficits in recording were noted. For example, care was not evaluated for one patient on an identified date and some agency staff were not consistently recording their name when completing daily evaluations of care. Details were discussed with the manager who provided assurances these issues would be addressed with the staff concerned.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Review of care records of a patient recently admitted to the home evidenced that care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Some identified patient equipment required more detailed cleaning. This was discussed with the manager agreed to address this before the end of the inspection and monitor the completion of equipment cleaning through regular checks and environmental audits.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed in 13 December 2021. The report had not been completed and shared with the home at the time of the inspection; however, actions identified by the assessor had been discussed with the manager. Examination of records confirmed a number of staff had not participated in a fire drill within the appropriate timeframe. This was discussed with the manager who gave assurances that identified staff would receive a fire drill within two weeks. An area for improvement was identified.

Issues were observed which posed a potential risk to patients' health and wellbeing. These included food and fluid thickening agents stored in areas accessible to patients and a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. These issues were discussed with the manager who agreed to meet with staff involved and address the deficits through supervision.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser. Some of the PPE in used was not indicated for use in a healthcare setting. Best practice guidance was shared with the manager by the inspector following the inspection. Assurances were provided by the manager that the use of such PPE would cease immediately.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow in keeping with best practice guidance. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV.

There was evidence that some planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied Christmas themed activities were delivered which included a garden centre visit, arts and crafts, Christmas lights and a special Christmas dinner. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. One patient said they enjoyed going to the multi-sensory room in the home.

Following the inspection, comments were received from a relative regarding the challenges that some patient's faced in attending day centres during the ongoing Covid-19 pandemic. This was discussed with the manager who confirmed they had spoken with staff at the Public Health Agency in relation to this issue. The aligned inspector for the day centre was notified and agreed to speak with the relative concerned.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms Julie McGlinchey has been the registered manager since 23 June 2017. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Given the deficits identified the manager agreed to increase audit activity around hand hygiene and PPE use and review the completion of the wound care audits.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that twice yearly supervisions and annual appraisals had been completed for some but not all staff. This was discussed with the regional manager who confirmed that completion of supervisions and appraisals would be prioritised as this had been identified during a recent monthly monitoring visit.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Discussion with the regional manager confirmed an annual quality report format was being reviewed to ensure it reflected the views of all key stakeholders.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA. Minor deficits in recording were identified; this was discussed with the manager who agreed to sign and date when identified actions had been completed. It was noted that no visit had been completed for August 2021; this was discussed with the regional manager who agreed to review arrangements for completion of monthly monitoring visits in their absence.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julie McGlinchey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 16 (2) (b)

Stated: First time

To be completed by:
Immediate action required</td><td>The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking.

Ref: 5.2.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
Immediate action required</td><td>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.

This area for improvement relates to the following:

• Donning and doffing of personal protective equipment
• Appropriate use of personal protective equipment
• Staff knowledge and practice regarding hand hygiene
• Adherence to best practice guidance in relation to being bare below the elbow.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 39.1

Stated: First time

To be completed by:
14 January 2022</td><td>The registered person shall ensure that all agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.

Ref: 5.2.1</td></tr>
<tr><td>Response by registered person detailing the actions taken:</td></tr>
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Area for improvement 2 **Ref**: Standard 39.9 **Stated:** First time **To be completed by** 14 January 2022	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 4 **Ref:** Standard 48.8 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year. Ref: 5.2.3
	Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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